

VETERINARY HEALTH CERTIFICATE**For Import/Export for Japan**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 U.S.C. Sections 133 and 8012.**PRINCIPAL PURPOSE(S):** To indicate general health examination of the animal to permit international movement.**ROUTINE USE(S):** Used as health certificate to permit international movement of animal.**DISCLOSURE IS VOLUNTARY:** Providing personal information is voluntary. However, if information is not disclosed by the owner, International movement may not be allowed.

TYPE OR PRINT NAME OF OWNER (Last, First, MI)

COMPLETE ADDRESS (Include Zip Code)

SPECIES

☐ DOG☐ CAT

SEX

☐ MALE☐ FEMALE

AGE

☐ 3 MO. TO 12 MO.☐ 12 MO. OR OLDER

DOB _____

SIZE

☐ UNDER 20 LBS.☐ 20 - 50 LBS.☐ OVER 50 LBS.

PREDOMINANT BREED

TAG NUMBER

COLOR (S)

NAME OF ANIMAL

PRODUCER (First 3 letters)

RABIES IMMUNIZATION DATA

MODIFIED

KILLED

☐ 1 YR. LIC. / VACC.☐ 3 YR. LIC. / VACC.☐ OTHER DA2PP1-Cvk / FVRCCP☐ CEO☐ TCO☐ CLO☐ MURINE☐ CAPRINE

Rabies Vaccine History

Most Recent

Prior

Microchip/Identification Data

Name of Rabies Vaccine

Microchip number

Lot/Serial Number

Implantation Date

Vaccination Date

Type of Microchip

Vaccine Expiration date

Tattoo number

N/A

Fluorescent Antibody Viral Neutralization Test(s) (FAVN)

Dates of Sampling

Veterinarian Name
and AddressLaboratory Name and
Registration numberTest Results
(≥0.5 IU/ml)

This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

NAME, GRADE, UNIT, AND STATE LICENSE NUMBER (Include
state abbreviation and number) OF VETERINARIAN

SIGNATURE

DATE